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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 2128
Examiner: Day, H.
Applicant: Steven P. Larky et al.
Serial No: 09/631,427
Filing Date: August 3, 2000
For: ANALOG SIGNAL VERIFICATION USING DIGITAL SIGNATURES

I hereby certify that this letter, the response or amendment attached hereto are being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 15, 2005.

By: Mary Donna Berkley
Mary Donna Berkley

NOTICE OF APPEAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Applicant of the above-captioned patent application hereby appeals to the Board of Patent Appeals and Interferences from the decision dated November 5, 2004 of the Examiner finally rejecting Claims 1-11 and 21-29.

An extension of time to respond to the final rejection is hereby requested for one month. The payment for the one month extension fee and the appeal fee is enclosed herewith.

03/21/2005 DEMMANU1 00000036 09631427

01 FC:1401 500.00 DP

03/21/2005 DEMMANU1 00000036 09631427

02 FC:1251 120.00 DP

If Applicant has not requested a sufficient extension and/or has not paid a sufficient fee for this matter, and/or for the extension necessary to prevent the abandonment of this application, please consider this as a request for an extension for the required time period and/or authorization to charge our Deposit Account No. 50-0541 for any fee which may be due.

Respectfully submitted,

By: _____

Christopher P. Maiorana

Reg. No. 42,829

CHRISTOPHER P. MAIORANA, P.C.

24840 Harper Avenue, Suite 100

St. Clair Shores, MI 48080

(586) 498-0670

Date: March 15, 2005

Attorney Docket No.: 0325.00368

IN RE APPLICATION OF: Steven P. Larky et al.

**RESPONSE TRANSMITTAL AND
EXTENSION OF TIME REQUEST
(IF REQUIRED)**

SERIAL NO.: 09/631,427

TITLE: ANALOG SIGNAL VERIFICATION USING DIGITAL SIGNATURES

FILED: August 3, 2000

EXAMINER: Day, H.

ART UNIT: 2128

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

FEE CALCULATION FOR ENCLOSED AND EXTENSION REQUEST (IF ANY)

	Claims Remaining	Highest No. Previous	Extra Rate	Additional Fee
Total Claims	20 minus	20 =	0 x \$ 50.00	\$ 0.00
Independent Claims	3 minus	3 =	0 x \$200.00	\$ 0.00
Multiple Dependent Claim First Added			+ \$360.00	\$0.00

TOTAL IF NOT SMALL ENTITY .. \$0.00

[] SMALL ENTITY STATUS - If applicable, divide by 2 \$0.00

[X] Applicant also requests a one month extension of time
for response to the outstanding Office Action. The fee is \$120.00

[X] Fee set forth for Notice of Appeal \$500.00

TOTAL FEE \$620.00

The Commissioner is hereby authorized to charge any overpayment or underpayment of the above fee associated with this
Communication to Deposit Account No. 50-0541.

CHRISTOPHER P. MAIORANA, P.C.

24840 Harper Avenue, Suite 100
St. Clair Shores, Michigan 48080
(586) 498-0670

By: _____

Christopher P. Maiorana
Registration No.: 42,829I hereby certify that this letter, the response or amendment attached hereto are being deposited with the
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